

03/11/2008 08:06 3188378688

ONE STOP SERVICES

PAGE 02/02

1 back of the check which has a signature of "Clyde R. Spencer." A true and correct copy of the  
 2 front and back of the check I reviewed is attached as Exhibit A to this declaration.

3 3. The signature on the back of the check in Exhibit A is a forgery. I did not sign  
 4 the check, nor did I give anyone permission to sign my name.

5 4. I have also reviewed an "Affidavit of Forged Endorsement," a true and correct  
 6 copy of which is attached as Exhibit B to this declaration. I recognize my signature on the  
 7 affidavit.

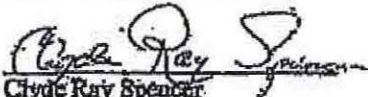
8 5. I filled out and signed the Affidavit of Forged Endorsement on July 22, 1985,  
 9 after I learned that my name had been forged on the above-described check.

10 6. I have also reviewed a copy of a quitclaim deed purported to be signed by me as  
 11 Grantor for the property located at 17681 Lucia Falls Road in Yacolt, Washington dated March  
 12 15, 1985. A true and correct copy of the deed I reviewed is attached as Exhibit C to this  
 13 declaration.


14 7. The signature "Clyde Ray Spencer" is a forgery. I did not sign the deed, and I  
 15 did not have anyone permission to sign my name.

16 I declare under penalty of perjury that the foregoing is true and correct.

17 DATED this 12<sup>th</sup> day of December, 2012 in Downers Grove, Illinois

18   
 19 Clyde Ray Spencer

20 Signed and Subscribed to Before Me  
 21 this 17<sup>th</sup> day of December, 2012

22   
 23 Notary Public



25  
 26  
 27  
 DECLARATION OF CLYDE RAY SPENCER  
 (C11-5424BHS) — 2

Kathleen T. Zellmer & Associates, P.C.  
 Law Offices  
 1101 Redwood Road  
 Suite 400  
 Redwood City, CA 94061

Spencer006057

STATE OF WASHINGTON  
OFFICE OF STATE TREASURER  
OLYMPIA

FUND 879 SYS A 565-70-8292

448918J

98-557  
1251

NO. DAY YR  
02 20 85

PAID MAR 11 1985 07960 PAID

PAY TO THE ORDER OF

5 01637.124, 448918J

512,994.51

03-02-85 55002342 05 203122023

SPENCER, CLYDE R  
17681 LUCIA FALL RD  
YACOLT WA 98675

ROBERT S. O'BRIEN, STATE TREASURER

44891810 01251055761

00001299451

PAY ANY BANK FEB  
PROCESSED OREGON  
03-03-85 55002342 05 203122023

RR 85 11  
FEB SEATTLE  
PAY ANY BANK  
03-03-85 55002342 05 203122023

PORTLAND  
PAY ANY BANK  
03-03-85 55002342 05 203122023



Spencer006058



## AFFIDAVIT OF FORGED ENDORSEMENT

STATE OF WASHINGTON

COUNTY OF \_\_\_\_\_

565-70-8292

01617

879

FUND

WARRANT NO. 448918J

I, Clyde R. Spencer, being the rightful owner of the State of Washington's Warrant No. 448918J dated 2-20, 1985, in the amount of \$12,994.51 dollars, do hereby certify that my name as signed on the back of the said warrant is a forgery, and that I have not received nor endorsed the said warrant; neither have I been benefited in any way from the proceeds therefrom.

Clyde R. Spencer  
 Spence

Witnesses if signed by "X"

State \_\_\_\_\_ Name \_\_\_\_\_  
 IMEL SOUTH RM. E-205  
 PO BOX 900  
 SHELTON, WA 98584  
 Address \_\_\_\_\_ Address \_\_\_\_\_

Subscribed to and sworn before me this 22 day of July, 1985.

Gary F. Fleming  
 Notary Public in and for the State of  
 Washington, residing at Shelton, Wa





PIONEER NATIONAL  
TITLE INSURANCE

ATCORN COMPANY

Filed for Record at Request of

AFTER RECORDING MAIL TO:

Carl F. Burkholder Jr.

10011 N.W. 11th Ave.

Vancouver, WA. 98685

THIS SPACE RESERVED FOR RECORDING OFFICE

8508250154

## Quit Claim Deed

TO SHIRLEY SPENCER, AN UNSEPARATE ESTATE

FROM ASSUMPTION OF DEBT ORIGIN

CONVEY AND QUIT CLAIMS TO CARL F. BURKHOLDER JR. and ROSE BURKHOLDER,  
HUSBAND and WIFE

the following described real estate, situated in the County of Clark

County of Washington, to wit: any interest therein which may be owned by the undersigned

Beginning at a point in the center of the Vancouver-Yacolt Road at the intersection of said County Road and the East line of the Southwest quarter of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian, in Clark County, Washington; thence East 75 feet, more or less, along said County Road; thence South to the North bank of the East Fork of the Lewis River; thence West 75 feet, more or less, along the North bank of said River; thence North to the point of beginning; said tract to be 75 feet wide East and West.

ALSO, beginning at a point in the center of the County Road which is 75 feet East of the center line of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian; thence South to the North bank of the East Fork of the Lewis River; thence East 25 feet, more or less, along the North bank of the River; thence North to the center of the County Road; thence West to the point of beginning. Said tract to be 25 feet wide at any point.

ALSO, beginning at a point located in the center of the Yacolt-Battle Ground Highway; said point being on the East line of that certain tract of land at this date owned by Roy Lee and described as follows:

All that portion of the Southwest quarter of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian, lying North of the East Fork of the Lewis River in Clark County, Washington; thence South to the North Bank of said Lewis River; thence West 40 feet; thence North to the center of the above Yacolt-Battle Ground Highway; thence East 40 feet to the point of beginning.

EXCEPT County Roads.

ALSO, the West 15 feet, measured at right angles to the West line thereof, of that portion of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian in Clark County, Washington, described as follows:  
Beginning at a point on the Southerly line of County Road No. 12 that is 1217.02 feet West of the East line of the Northwest quarter of said Section 18; said point being the Northwest corner of the Lawrence C. Larkin and Lila L. Larkin tract, as described in deed recorded under Auditor's File No. 0 553620; thence West 15 feet along the Southerly line of said County Road No. 12, a distance of 33 feet, more or less, to the Northeast corner of the Shirley J. Lucley tract, as described in deed recorded under Auditor's File No. 7709290041; thence South along the East line of said Lucley tract to the North bank of the East Fork of the Lewis River; thence East 15 feet along the North bank of said River to the West line of the said Larkin Tract; thence North along said West line, 39 feet, more or less, to the point of beginning.

EXHIBIT

Spencer006060



SEP 25 4 22 PM '85  
Carl Cookheimer  
ATTY. JR.  
DAVID RUCKENBER

day of September, 1985.

Shirley Spohnor

0372

personally appeared before me, Shirley Spohnor  
the individual described in and who executed the within and foregoing instrument, and  
she signed the same at her free and voluntary act and deed, for the

day of September, 1985

Shirley Spohnor  
Notary Public in and for the State of Washington  
My Comm. Expires 12/31/86



TO CLEAR TITLE ONLY

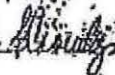
8508160171

QUIT-CLAIM DEED  
(Statutory Form)

THE GRANTOR( ) CLYDE RAY SPENCER  
 of 17581 Lucia Falls Road, City of Yacolt  
 County of Clark, Washington, for and in consideration of  
love and affection and to clear title  
 convey, and quit-claim to SHIRLEY SPENCER as her separate estate  
 of 17581 Lucia Falls Road  
 in the City of Yacolt, County of Clark, State of Washington  
 all interest in the following described Real Estate:

See Exhibit "A" attached hereto and incorporated  
 herein by this reference

257677-14-85



situated in County of Clark, State of Washington  
 this 15th day of March, 1985.

Clyde Ray Spencer  
 Grantor(s)

333

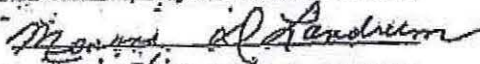
STATE OF WASHINGTON

County of Clark

ss. (Individual Acknowledgment)

Monroe A. Sandrum, Notary Public in and for the State of Washington,  
 do hereby certify, that on this 15th day of March, 1985, personally  
 appeared before me Clyde Ray Spencer  
 to me known to be the individual described in and who executed the within instrument and  
 acknowledged that he signed the same as his free and voluntary act  
 and deed for the uses and purposes herein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 15th day of March  
 1985.



Notary Public in and for the State of Washington, residing at Yacolt in said County.

Not a valid deed if recorded in  
 Washington State Public Records, WA. Form No. 150 1/78  
 MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

Spencer006062



EXHIBIT A

Beginning at a point in the center of the Vancouver-Vacant Road at the intersection of said County Road and the East line of the Southwest quarter of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian, in Clark County, Washington; thence easterly 75 feet, more or less, along said County Road; thence South to the North bank of the East Fork of the Lewis River; thence westerly along the North bank of said river 15 feet, more or less, thence North to the point of beginning; said tract to be 75 feet wide East and West.

Also, beginning at a point in the center of the County Road which is 75 feet East of the center line of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian; thence South to the North bank of the East Fork of the Lewis River; thence easterly 25 feet, more or less, along the North bank of said river; thence North to the center of the County Road; thence West to the point of beginning. Said tract to be 25 feet wide at any point.

Also, beginning at a point located in the center of the Vacant-Battle Ground Highway; said point being on the East line of that certain tract of land at this date owned by Roy Lane and described as follows:

All that portion of the Southwest quarter of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian, lying North of the East Fork of the Lewis River in Clark County, Washington; thence South to the North bank of said Lewis River; thence westerly along the Lewis River 40 feet; thence North to the center of the above Vacant-Battle Ground Highway; thence East 40 feet to the point of beginning.

#### EXCEPT County Roads.

ALSO, The West 15 feet, measured at right angles to the West line thereof, of that portion of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian in Clark County, Washington; described as follows:

BEGINNING at a point on the southerly line of County Road No. 12 that is 1217.02 feet West of the East line of the Northwest quarter of said Section 18, said point being the Northwest corner of the Lawrence O. Larkin and Alice L. Larkin tract as described in deed recorded under Auditor's File No. G-553620; thence westerly along the southerly line of said County Road No. 12, a distance of 33 feet, more or less, to the Northwest corner of the Shirley J. Turley tract as described in deed recorded under Auditor's File No. 770925041; thence South along the East line of said Turley tract to the North bank of the East Fork of the Lewis River; thence easterly along the North bank of said river to the West line of the said Larkin tract; thence North along said West line, 99 feet, more or less, to the point of beginning.

FILED FOR RECORD  
CLARK CO. WASH.

AUG 16 4 04 PM '05

AUDITOR  
DAVID MCNEER

Spencer006063



**United States District Court**  
**Western District of Washington at Tacoma**

CLYDE RAY SPENCER,

Plaintiff,

v.

FORMER DEPUTY PROSECUTING  
 ATTORNEY FOR CLARK COUNTY JAMES  
 M. PETERS, et. al.,

Defendants.

NO. C11 5424 BHS

SUBPOENA IN A CIVIL CASE

TO: CLARK COUNTY SHERIFF'S OFFICE, RECORDS CUSTODIAN

**X** YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects):

Any and all documents which bear the signature of former Clark County Sheriff's Office, Civil Unit clerk "Menona D. Landrum" as Notary Public and are dated between January 1, 1985 and December 31, 1991.

Any and all documents, including but not limited to work schedules, rosters, time or wage records, etc. which identify employees of the Clark County Sheriff's Office working at the Clark County Jail between February 28, 1985 and July 1, 1985.

Any and all documents, audiotapes and/or videotapes that record or identify visitors to the Clark County Jail, including law enforcement officers visiting inmates of the jail, for the time period of February 28, 1985 through July 1, 1985.

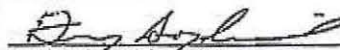
Any and all documents, policies or procedures governing visitation of inmates in the Clark County Jail, including visitation of jail inmates by law enforcement officers, for the time period of February 28, 1985 through July 1, 1985.

PLACE  
 Clark County Sheriff's Office / Clark County Law Enforcement Center  
 707 West 13<sup>th</sup> Street  
 Vancouver, WA 98660

DATE AND TIME  
 March 8, 2013 at 10 a.m.

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT



Guy Bogdanovich, WSBA #14777  
 Attorney for Defendant Sharon Krause

DATE February 20<sup>th</sup>, 2013

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

Guy Bogdanovich, P.O. Box 11880, Olympia, WA 98508-1880 (360) 754-3480





## PROOF OF SERVICE

SERVED Clark County Sheriff's Office, Records Custodian	DATE February 20 <sup>th</sup> , 2013	PLACE Clark Cty Law Enf. Center PO Box 410 Vancouver, WA 98666
SERVED ON (PRINT NAME) Clark County Sheriff's Office, Records Custodian	MANNER OF SERVICE US Mail	
SERVED BY (PRINT NAME) Lisa Gates	TITLE Secretary	

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on 2/20/13  
Date

  
Signature of Server

PO Box 11880, Olympia, WA 98508-1880  
Address of Server

Rule 45, Federal Rules of Civil Procedure, Parts C & D

## (c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take responsible steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2)(A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (c)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3)(A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person except that, subject to the provisions of clause (c)(3)(D)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held, or

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies, or

(iv) subjects a person to undue burden.

(B) if a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

## (d) DUTIES IN RESPONDING TO SUBPOENA.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.



OFFICE AND PROFESSIONAL EMPLOYEES UNION,  
LOCAL #11 - LAW & JUSTICE DIVISION  
AUTHORIZATION FOR PAYROLL DEDUCTION

I hereby authorize Clark County to deduct the following commencing in \_\_\_\_\_ (month) as my month's dues to the Office and Professional Employees Union, Local #11:

Effective January 1, 1978...\$ 16.00

and become due to it as my membership dues in said Local #11, including all monies owed the Local by me in accordance with the Constitution and By-Laws of the Office and Professional Employees Union, Local #11, following the execution of this document and remit the same monthly to the Secretary-Treasurer of the Office and Professional Employees Union, Local #11 at their office in Portland, Ore.

cc  
 opcu #11  
 afl-cio

*Merona A. Lardrum*  
 Employee Signature

APPENDIX "C"  
ARK COUNTY, WASHINGTON

EMPLOYEE ORGANIZATION MEMBERSHIP DUES.  
PAYROLL DEDUCTION AUTHORIZATION FORM.

I, *Merona A. Lardrum*, having become a member of the Office & Professional Employees Union, Local #11, Law & Justice Division - CCDSA, do hereby voluntarily authorize Clark County as my Employer to deduct from my accrued earnings the amount of my monthly dues and, if permitted by contract, initiation fees in the above-named organization.

I understand that I may withdraw this authorization at such time as I desire to make other payment arrangements directly with the employee organization involved.

Signed *Merona A. Lardrum*  
 (Name of Employee)

Date: 9/11/81  
 Month/Day/Year

000001

cc  
 opcu #11



LAST NAME <b>Landrum</b>		FIRST NAME <b>Menona</b>		INITIAL <b>D</b>	MALE FEM <input checked="" type="checkbox"/> <input type="checkbox"/>	SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
ADDRESS <b>5804 N.E. 90th Ave.,</b>						LIFE INS. CLASS <b>2,500</b>	POLICY NO. <b>02541</b>
CITY <b>Vancouver,</b>		STATE <b>Wa.</b>	COUNTY <b>Clark</b>	ZIP CODE <b>98662</b>		DISABILITY INCOME CLASS NO. <b>N/A</b>	EFFECTIVE DATE <b>4/71</b>
SINGLE <input type="checkbox"/>	MAR. <input checked="" type="checkbox"/>	DIV. <input type="checkbox"/>	WIDOW <input type="checkbox"/>	BIRTHDATE <b>05-28-28</b>	OCCUPATION <b>clerk</b>	DATE EMPLOYED FULL TIME <b>04-01-1971</b>	ANNUAL SALARY <b>N/A</b>
NAME OF EMPLOYER <b>Clark County</b>		ADDRESS <b>P O Box 5000</b>		CITY <b>Vancouver</b>	STATE <b>WA</b>	ZIP CODE <b>98668</b>	
ARE YOU OR ANY MEMBER OF YOUR FAMILY COVERED BY ANOTHER GROUP PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, NAME OF PERSON COVERED		NAME OF CARRIER		GROUP OR ACCT. NO.	
<input type="checkbox"/> I AM ENROLLING MYSELF ONLY		<input type="checkbox"/> I AM ENROLLING MYSELF & DEPENDENTS (LIST DEPENDENT INFORMATION BELOW)				RELATIONSHIP CODES A-NATURAL CHILD B-STEP CHILD C-LEGALLY ADOPTED D-OTHER (EXPLAIN) E-FOREN CHILD	
LEGAL SPOUSE (FULL NAME)				IS SPOUSE EMPLOYED? <input type="checkbox"/> NO <input type="checkbox"/> YES	DATE OF BIRTH MONTH DAY YEAR		
NAME OF ALL ELIGIBLE CHILDREN				DOES CHILD RESIDE WITH YOU? <input type="checkbox"/> NO <input type="checkbox"/> YES	SEX MALE FEMALE		
				<input type="checkbox"/> NO <input type="checkbox"/> YES			
				<input type="checkbox"/> NO <input type="checkbox"/> YES			
				<input type="checkbox"/> NO <input type="checkbox"/> YES			
				<input type="checkbox"/> NO <input type="checkbox"/> YES			
				<input type="checkbox"/> NO <input type="checkbox"/> YES			
<p>→ IMPORTANT: IF YOU ARE ENROLLING A DEPENDENT CHILD AGE 19 OR OLDER, COMPLETE THE STUDENT INFORMATION ON THE REVERSE SIDE.</p>							
BENEFICIARY (EXAMPLE: MARY JANE DOE - NOT MRS JOHN DOE) <input checked="" type="checkbox"/> <b>Joseph E. Landrum</b>				RELATIONSHIP <input checked="" type="checkbox"/> <b>husband</b>			
FIRST FARWEST INSURANCE		<p>I hereby request the amount(s) and form(s) of insurance coverage for which I am or may become eligible under the insurance policy or policies issued by the insurance company and authorize the deduction from my earnings of the amount required to cover my share of the premiums, if any. I reserve the right to revoke this deduction authorization at any time on written notice. I furthermore authorize the insurance company to release to the group policyholder any and all information about me and my dependents for the purpose of administering the group insurance plan and compiling informational reports. This authorization for release of information shall remain valid for a period of one year from the date the enrollment card is signed.</p>					
COMPANIES FIRST FARWEST LIFE INSURANCE CO NATIONAL HOSPITAL ASSOCIATION FARWEST AMERICAN ASSURANCE CO		<p>DATE SIGNED <input checked="" type="checkbox"/> <b>Aug. 25, 1987</b> SIGNATURE (DO NOT TYPE OR PRINT) <b>X/M. . . . .</b></p>					

FORM NO 3-02B (7/87)

C 93 INFORM GRAPHICS INC (503) 684-2631

RETAIN - GROUP FILE COPY

000002



MARCH 6, 1990

TO: Sheriff Kanekoa:

Would you consider my eligibility to participate in the Incentive program at Level 11 (10%)? I believe I should qualify based upon the 19 years I have spent with the Sheriff's Department and the personal responsibility I have taken over the years to ensure our civil division operate with efficiency and progressive professionalism.

As you know, the chart used to determine the number of points necessary to qualify for 10% incentive pay stops after 12 years of service. However, after the 8th year of service, the number of training and education points are reduced in increments of 5 until year 12. If we were to continue to project out these numbers, I believe you would find that after 18 years of service with the department, employees automatically qualify for 10% incentive pay by simple reason of longevity.

In addition, I have acquired a great deal of civil expertise over the years. However, this information was not gained through formal classroom training but rather by contacts made by me through a personal desire to build a highly knowledgeable civil division within the Sheriff's Department. Little of this knowledge is documentable. However, I believe it is reflected in my evaluations over the years and to some degree in the quality of performance seen within our civil division today.

~~For reason of longevity and based upon my performance evaluations for the past 19 years, I am asking you to consider my application for a 5% increase in incentive pay.~~

Thank you.

*Donie Landrum*

Donie Landrum

000003



TO: SUE POLING, ACCOUNTING  
 FROM: SHERIFF KANEKOA  
 DATE: FEBRUARY 20, 1990  
 SUBJECT: DEDUCTION AUTHORIZATION FOR OVERPAYMENT  
 EMPLOYEE: NONIE LANDRUM  
 [REDACTED]

I, NONIE LANDRUM, HAVE RECEIVED AN OVERPAYMENT IN MY WAGES IN THE AMOUNT OF \$664.00. DURING JULY 1989 THRU JANUARY 1990 THE INCENTIVE PAY WAS CALCULATED AS 10% VERSUS THE 5% I SHOULD RECEIVE ON A MONTHLY BASIS RESULTING IN AN OVERPAYMENT. I AM SIGNING THIS AGREEMENT FOR REPAYMENT OF THOSE FUNDS AS INDICATED BELOW AND AUTHORIZE THAT THE PAYMENTS BE MADE BY PAYROLL DEDUCTION.

AMOUNT OF TOTAL OVERPAYMENT  
 FROM JULY 1989 THROUGH  
 JANUARY 1990:

\$664.00

REPAYMENT SCHEDULE:

FEBRUARY 28, 1990 THRU  
 JULY 31, 1990  
 AUGUST 31, 1990

\$ 98.00 MONTHLY

~~\$ 76.00~~

\$664.00

\*\*\*THE AMOUNT OF INCENTIVE ACTUALLY EARNED  
 EACH MONTH WOULD GO TOWARD REPAYMENT.\*\*\*

*Nonie Landrum*  
 NONIE LANDRUM, CIVIL OFFICER

*2-21-90*  
 DATE

*Frank Kanekoa*  
 FRANK KANEKOA, SHERIFF

*2-21-90*  
 DATE

/LH

000004

PLEASE PRINT FIRMLY OR TYPE

## Health Enrollment Application

(Check One) ☐ General County Shelby ☐ LEOFF I ☐ LEOFF II ☐ Special Agency/District

Dept. Name

Agency/Dist. Name

PLEASE COMPLETE ALL AREAS OF THIS FORM. LIST ALL FAMILY MEMBERS YOU WISH COVERED AT THIS TIME.

Employee Name XXXXXXXXXXXX LANDRUM, Menona D.  
 Address 5804 N.E. 90th Ave., City Vancouver State Wa.  
 Zip 98662 Social Security Number [REDACTED] Birth Date 5-28-28  
 Home Phone (206) 892 4830 Business Phone (360) 699 2225 Hire Date April 01 1971  
 Marital Status: ☐ Sgl ☒ Mar ☐ Wid ☐ Div ☐ Sep Sex: ☐ M ☒ F

## REASON FOR ACTION (Check as Applicable)

☐ New employment enrollment ☐ Change benefit elections (complete entire form) ☐ Change dependent coverage  
☐ Add: Marriage/Date \_\_\_\_\_ ☐ Delete: Name \_\_\_\_\_  
 Birth or Adoption/Date \_\_\_\_\_ Reason \_\_\_\_\_

## CHANGE IN STATUS (Check as Applicable) If you are requesting COBRA information for dependent loss of coverage, please attach written request and appropriate documentation (i.e., legal separation/divorce decree, termination letter from insurance carrier, etc.).

☐ Termination of Employment (Date) \_\_\_\_\_ ☐ Divorce or Legal Separation (Date) \_\_\_\_\_ ☐ Child's loss of Dependent Status (Date) \_\_\_\_\_  
☐ Death of Employee (Date) \_\_\_\_\_ ☐ Reduction in Hours (Date) \_\_\_\_\_

BENEFIT ELECTION (Check as Applicable): MEDICAL: ☒ Blue Cross ☐ Kaiser DENTAL: ☒ Washington Dental Service

Check the following as applicable. This information is also needed for federal reporting requirements (IRC Section 89).

1. ☐ I wish to cover my eligible dependents as follows: Dependents to be covered (please print):

Soc. Sec. No.	Last Name	First Name/Mid Init	Date of Birth	Sex	Relationship
523 28 4939	Landrum,	Joseph E.	6-16-29	M.	husband

I have elected to cover my dependents and they also have other group coverage. Please indicate the employer and plans (or insurance carrier) under which they are covered.

State Plan(s): ☒ Medical ☐ Dental ☐ Vision

Name of Group Employer: Clark Public Utilities

Name of Your Dependents Covered by Other Plan(s): Landrum, Joseph E.

(Last) (First) (Middle) (Last) (First) (Middle) (Last) (First) (Middle)

2. ☐ My dependents listed below have no other group coverage but I do not wish to cover them.

(Last) (First) (Middle) (Last) (First) (Middle) (Last) (First) (Middle)

3. ☐ My dependents have other group coverage and I do not wish to cover them. Please indicate the employer and plans (or insurance carrier) under which they are covered.State Plan(s): ☐ Medical ☐ Dental ☐ Vision

Name of Group Employer: \_\_\_\_\_

Name of Your Dependents Covered by Other Plan(s): \_\_\_\_\_

(Last) (First) (Middle) (Last) (First) (Middle) (Last) (First) (Middle)

☐ I have no eligible dependents.

EMPLOYEE CERTIFICATION: Under penalty of perjury, I declare that the information I have furnished above is, to the best of my knowledge and belief, true, accurate, and complete.

Employee's Signature: [Signature] Date Signed: 2-2-11

PERSONNEL USE ONLY:

Effective Date of Coverage: 06/05

Cont. Name: \_\_\_\_\_

White/Original: Personnel

Yellow: Medical Insurance

Pink: Dental Insurance

Gold: Other Insurance



REQUEST FOR PAY IN LIEU OF PDO FOR  
NON UNIFORMED LOCAL 11 CONTRACT EMPLOYEES

NAME: LANDRUM, MENONA 07/90

SSN#: [REDACTED] 0001 000-250-0028

PRESENTLY I HAVE 275.28 AVAILABLE TO USE.  
~~YOUR AVAILABLE PDO HOURS DO NOT INCLUDE TIME TAKEN IN JULY.~~  
BASED ON THE CONTRACT I MAY REQUEST PAY IN LIEU OF PDO  
FOR THE AMOUNT OF ONE REGULAR WORK WEEK.  
MY REGULAR WORK WEEK IS 40 HRS

BY COMPLETING THE FOLLOWING INFORMATION I, UNDERSTAND THAT  
I WILL NOT BE ELIGIBLE FOR THIS OPTION UNTIL THE FOLLOWING  
CALENDAR YEAR.

PLEASE INDICATE YOUR SELECTION BELOW.

X I DO NOT WISH TO SELL BACK ANY OF MY PDO TIME

I REQUEST TO SELL BACK \_\_\_\_\_ HRS OF PDO TIME

Menona D. Landrum  
SIGNATURE

PAYROLL SIGNATURE

8.13.90  
DATE

PLEASE RETURN THIS FORM ASAP.  
THIS ENABLES PAYROLL TO PROCESS FOR AUGUST PAYROLL  
REGARDLESS OF WHAT YOU CHOOSE, PLEASE RETURN THIS FORM TO PAYROLL

0000061

WITHDRAWAL FROM LAW AND JUSTICE ASSOCIATION

LANDRUM MENONA

S028

0001 000-250

I REQUEST NO FURTHER DEDUCTIONS FOR THE  
LAW AND JUSTICE ASSOCIATION BE TAKEN FROM  
MY PAYCHECK. THIS WILL BE EFFECTIVE AS OF  
JULY 1, 1989.

THIS IS MY OFFICIAL NOTICE TO PAYROLL AS IS  
NOTED BY MY SIGNATURE AND DATE BELOW.

Menona S Landrum      6-23-89  
SIGNATURE                              DATE

THIS FORM MUST BE SUBMITTED TO PAYROLL  
BY JULY 7, 1989. ANY LATER AND DEDUCTION  
WILL CONTINUE FOR MONTH OF JULY.

000007



Form **W-4A**  
Department of the Treasury  
Internal Revenue Service

# **Employee's Withholding Allowance Certificate**

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010

**1987**

1 Type or print your full name <b>Menona D. Landrum</b>		2 Your social security number [REDACTED]	
Home address (number and street or rural route) <b>5804 N.E. 90th Ave.</b>		3 Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</small>	
City or town, state, and ZIP code <b>Vancouver, Wa. 98662</b>			
4 Total number of allowances you are claiming (from line G above, or from the Worksheets on back if they apply) . . . . .		4 <b>4</b>	
5 Additional amount, if any, you want deducted from each pay . . . . .		5 <b>\$ 40.00</b>	
6 I claim exemption from withholding because (check boxes below that apply):			
a <input type="checkbox"/> Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND			
b <input type="checkbox"/> This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here . . . . .			
c Are you a full-time student? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or, if claiming exemption from withholding, that I am entitled to claim the exempt status. Employee's signature <i>Menona D. Landrum</i> Date <b>07-01-1987</b>			
7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS)		8 Office code	9 Employer identification number

000008

Form 1041-1 Department of the Treasury Internal Revenue Service		For Private and Paperwork Reduction Act Notice, see Instructions.		1987
1 Type or print your full name Menona Dawn Landrum		2 Your social security number [REDACTED]		
Home address (number and street or rural route) 5804 N.E. 90th Ave		3 Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married Married, but withhold at higher Single rate Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
City or town, state, and ZIP code Vancouver, wa. 98662				
4 Total number of allowances you are claiming (from the Worksheet on page 3)		5 Additional amount, if any, you want deducted from each pay (see Step 4 on page 2)		
6 I claim exemption from withholding because (see Step 2 above and check boxes below that apply):		\$		
<input type="checkbox"/> a Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND		Year 19		
<input type="checkbox"/> b This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here		19		
<input type="checkbox"/> c If you entered "EXEMPT" on line 6b, are you a full-time student?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or, if claiming exemption from withholding, that I am entitled to claim the exempt status.				
Employee's signature Menona Dawn Landrum		Date February 11, 1987		
7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS) Clark County Auditor 1200 Franklin Vancouver, Wa 98660		8 Office code		9 Employer identification number 91-6001299